

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Dallas Tingle 215041
 (Name of Plaintiff) (Inmate Number)

SCI P.O. Box 500/Georgetown DE 19947
 (Complete Address with zip code)

(2) _____
 (Name of Plaintiff) (Inmate Number)

_____ (Case Number)
 _____ (to be assigned by U.S. District Court)

_____ (Complete Address with zip code)

(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

vs.
 (1) Dr. Roberta Burns
 (2) Susan Shapell Medical Admin.
 (3) _____
 (Names of Defendants)

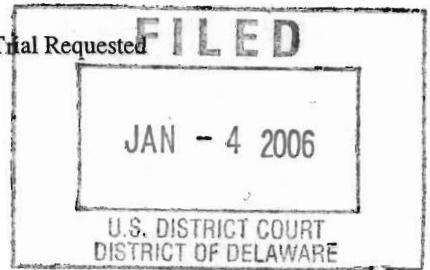
(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

• • Jury Trial Requested



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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:

1. What steps did you take? Filed a medical grievance
2. What was the result? Have not had a resolution yet.

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Dr Robert Burns
 Employed as A Doctor at Sussex Correctional Inst.
 Mailing address with zip code: P.O Box 500 Georgetown De
19947

(2) Name of second defendant: Susan Shapell
 Employed as Medical Administration at Sussex Correctional Inst.
 Mailing address with zip code: P.O Box 500 Georgetown De
19947

(3) Name of third defendant: _____
 Employed as _____ at _____
 Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. See Attached Statement of Claim

2. See Attached Statement of Claim

3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I Seek positive damages, mental damages and physical damages in the amount of 1,000,000 for the violations of the defendants and the lack of responsibility toward my life.

2. See #1 I Seek the Same Relief from both defendants

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30th day of December, 2005.

Dallas Leigh Jr.
(Signature of Plaintiff 1)

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

On Sunday Nov 6, 05 at approx 5:05 A.M.
I was committed to (S.C.I.). I was interviewed by a nurse
that worked for (C.M.S.). She was told by myself
(Dallas O. Tingle, Sr.) that I was a Diabetic. She then
asked me, if I had brought my medication with me?
(which at the time, was a very unrealistic question, being
that, when one is arrested, nothing is brought into the
institution, other than self & clothes one is wearing). I said
no, they (the Police) wouldn't let / allow me. We then
continued to proceed with the medical interview.
I also stated that I have a Deteriorating Disk in
my lower back. (The Interview was done (vid) com-
puter). After several more questions, the Entake
was over...

For almost (6.5) weeks, I had endured severe
back pain & also had noticed rapid weight loss, and
also experienced severe Dry mouth, Fatigue, a little Dizzy-
ness, & periods of Disorientation. I was urinating about
every 30-45 minutes. (This was due to me not taking
any medication), which clearly was not being given
to me!

On Dec 20, 05, I submitted a sick-call
slip to the medical Dept. (since there were a number
of issues concerning myself, I only had room to list

a few of them. And the funny thing is, the main things that were listed upon the sick call slip, (I still hadn't been seen for, as of 12-28-05).

On Dec 21, 05 I was seen by the Medical Dept concerning my medical request. At such time, I notified the nurse, that since my being here, why hadn't I received any meals for my Diabetes? She then asked, your a Diabetic? I said yes. She asked me how long I had been incarcerated? It then stated, since Nov 6, 05. She said oh, god you been here since then & havn't received any meals? I said yes, I been here that long, & havn't even seen a Doctor or nothing. She then asked, who did my intake? I said I didn't know her (the Nurses) name, but I knew what she looked like. At same time, a finger stick was given. It read (489). At approx... 3:00 p.m another finger stick was taken. It read (6??)

On Dec 22, 05 at approx... 8:30 AM. I was called to the Medical Dept to take another pill (which was supposed to have been taken before Breakfast). During the course of the Day, another finger stick was taken. It read (595). During the evening, no medication was given to me. (I am supposed to take it twice daily) During this time Officer Mark Townsend called the medical dept. to see if they wanted me to take meds. They said no. Because the nurse who gives out meds

was currently in another building.

Dec 23, 05 I took meds on time (5A.m.)

the readings for finger stick were (317) & later (345).

Dec 24, 05 I took meds on time (5:00 A.M.)
and later that evening (8:00 P.M.)

Dec 25, 05 and Dec 26, 05 I took medication
at approx. (5:00 A.M. & 7:00P.M.). Still hadn't been seen
by a Doctor. And no examination or physical had been done.

On Dec 27, 05 at approx. - (5:00 A.M.) finger stick was
taken. It read (248), and meds were taken. approx. - (10:00 A.M.)
I was called back to Medical Dept. At such time, I was
weighed & given physical by a Nurse Practitioner) Mrs.
Francis. She basically said I was fine. She gave me
meds for my back. Called R.O.P. & had them send my
Medical Records. Still wouldn't give me any tests
for any V.D's. Said I didn't need a test for Herpes.
Said if I had it I would know. Also stated that
I could get an H.I.V. test done, but none was
taken. She then proceeded to drill me about
my Diabetes. I asked her why she thought it took
6.5 weeks to be given any medication, she said
that somebody messed up. That's why. (At 3:15 P.M.)
I was called back to Medical Dept to get a finger
stick done. It read (345). She also stated that
she wants to up my dosage of Glipizide. From
20mg (1) once daily to 30mg 3times daily. Also
wants finger stick done 3x daily 3x wk. Does they
are pumping me with more medication to make

up for 6.5 weeks of Medical Neglect.

On Dec 28,05 called to Med Dept at 5:00 AM. to take pill. Then later in the evening, called there again. This time, (2) kinds of pills were given to me. Glipizide and

On Dec 29,05 called to Med Dept 5:00 AM. only (1) type of pill was given to me. (Why did they say I was to be taking (2) types of pills then on certain occasions they gave me only one.) Diabetic Meds aren't to be played or toyed with. They just can't seem to get it right. It's almost as if they are doing it on purpose or deliberately. This type of Medical Neglect, could lead to Diabetic Shock, loss of certain limbs (arms, leg, feet), or maybe even lead to a stroke.

L/M: DeLoach Tmsle S_{r.} BLDG: PC H.U. #3
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947
S.B.C. 265041

SUSSEX COMMERCIAL INSTITUTION

P. O. BOX 500
GEORGETOWN DEFAWRE 19947

5.8-2. 245041

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